

HEALTHSOUTH TRANSITIONAL CARE UNIT PROVIDER #: 465161 FACILITY BEDS TYPE ACTION: INITIAL
8074 SOUTH 1300 EAST PHONE NUMBER: (801) 561-3400 TOTAL: 21
SANDY UT 84094 PARTICIPATION DATE: 02/14/2005 CERTIFIED: 21 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 02/09/2005	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 21			
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TOTAL: 8	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 0	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 0		21			
OTHER: 8					

CURRENT SURVEY REVISIT DATES - 03/28/2005

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
						02/09/2005			
						X P	C	02/10/2005	REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
						X C	F	02/10/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	2000 NEW CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
			02/14/2005		
			X C	04/15/2005	K0025-SMOKE PARTITION CONSTRUCTION
			X C	04/15/2005	K0038-EXIT ACCESS
			X C	02/14/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
			X C	02/14/2005	K0075-WASTEBASKETS
			X C	02/14/2005	K0076-MEDICAL GAS SYSTEM
			X C	02/14/2005	K0147-EMERGENCY PLAN

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	2	0	0	0
HEALTH TOTAL	2	0	0	0
LIFE SAFETY CODE	6	0	0	0
LIFE SAFETY CODE + HEALTH	8	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY